

the 2012 Brazil National Health and Wellness Survey (NHWS), an internet based general health survey, which is stratified to be representative of age and gender. Of the 12,000 total respondents, 4,560 were women from 18–49 years old, of which, contraceptive methods related questions were applied. Information about women whose partners had vasectomy were not captured. Descriptive analyses and contraceptive prevalence rate (CPR) were based on the weighted data. **RESULTS:** Overall, 63% of the surveyed women from 18–49 years old were using any contraception method during the past 6 months and included married (39%) and single (33%) women. Young women from 18–34 years (68%) were the most representative age group. Calculated CPR regardless of marital status and CPR only for married women were 63 % and 66%, respectively. Among contraceptive methods, modern contraception were most used, including condoms (44%), pill for birth control (44%), and injection (9%). Use of vaginal ring, patches and implant represented less than 1% each. Additionally, traditional methods were reported in more than 5% of the women. Pills for non-birth control use were reported by 20%. **CONCLUSIONS:** Patterns reported worldwide previously from 2013 were consistent when compared to updated information of Brazilian contraceptive use from NHWS, with lower prevalence use compared to developed countries. Data was similar when evaluating the use of modern's contraceptive methods and worldwide average of CPR for married women. In conclusion, awareness of contraception importance and related alternatives are needed in the country, which can lead to optimization of educational and awareness programs for women.

PIH5

MORTALITY IN A UNIVERSITY PEDIATRIC HOSPITAL IN COLOMBIA 2000 – 2014

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OBJECTIVES: To estimate change in incidence of in-hospital mortality and provide information for planning health care in pediatrics **METHODS:** 1,023 children mortality records in Children's Hospital between years 2000 to 2014 in Cartagena Colombia, were analyzed. Three quinquennial periods were defined to analyze the mortality and estimate the descending mortality rate. **RESULTS:** During this period had 1,023 death and 180,864 hospital discharges. The mean in-hospital mortality rate was 8.5 deaths per thousand discharges (Min-Max = 0.3 - 17.3). Out of total 1,023 deaths, 560 (54.7%) were men. Two out of three deaths were in children under one year and less than 1% of deaths occurred in people over 15 years. Between 2000 and 2004 the leading cause of death in both genders was diarrheal disease (25%) followed by pneumonia (17.2%), sepsis (12.3%) and 71.3% of the causes were associated to infections. 7.5% of all the deaths occurred between 2010 and 2014 and their causes were associated to chronic diseases. The hospital mortality rate was reduced in 98.3% in fifteen years. The descending rate was 6.6% per year -7.9% (2000 – 2004) and 17.8% (2010 – 2014) - **CONCLUSIONS:** the in-hospital mortality rate has descended dramatically in Children's Hospital Napoleon Franco Pareja in the last fifteen years and has changed the death causes. This impacted essentially the infant mortality in Cartagena Colombia

PIH6

DETERMINANTES SOCIOECONÓMICOS DE LA NUTRICIÓN INFANTIL EN COLOMBIA

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OBJETIVOS: Estimar los determinantes socioeconómicos de la nutrición infantil en Colombia **METODOLOGÍAS:** Estudio transversal a partir del micro-dato de la Encuesta Nacional de Demografía y Salud 2010, agrupados por regiones. Se estimaron cuatro modelos de regresión múltiple, en el que las variables dependientes fueron el z- talla de la Talla para la Edad (TPE) y del Peso para la Edad (PPE) con el fin de establecer los factores socioeconómicos en la nutrición infantil, utilizando el método de Mínimos Cuadrados Ordinarios (MCO). **RESULTADOS:** La región Caribe y Bogotá presentaron mayores problemas de desnutrición infantil. En el quintil de riqueza más bajo el promedio de TPE en la región Caribe fue de -1,18 (RIC -1,91 a -0,42), mientras que en el quintil más alto fue de -0,29 (RIC -1,57 a -0,12). En Bogotá el promedio fue de -2,22 (RIC -2,37 a -2,06) en el primer quintil de riqueza y -0,83 (RIC -1,38 a -0,26) en el quinto quintil. El promedio de PPE fue de -0,51 (RIC -1 a 0,25) en la región Caribe y -0,69 (RIC -0,95 a -0,43) en Bogotá para el quintil más bajo de riqueza, mientras que en el quintil más alto fue de 0,5 (RIC -0,92 a 0,39) en la región Caribe y -0,1 (RIC -0,72 a 0,54) en Bogotá. La riqueza, el índice de masa corporal y la educación de la madre tienen un impacto positivo en la nutrición de los niños. El orden de nacimiento y la edad del niño mostraron tener una incidencia negativa en la nutrición de los niños. **CONCLUSIONES:** Al interior de la región las diferencias en la talla de los niños son significativas según la posición socioeconómica del hogar. Se evidenciaron desigualdades regionales. La prevención de embarazos en adolescentes podría jugar un papel fundamental en la disminución de la de desnutrición.

PIH7

THE ISSUE FOR SEXUALITY AFTER CERVIX CANCER TREATMENT AMONG WOMAN

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OBJECTIVES: To conduct a preliminary study to assess clients sexual life prior to the disease and after treatment and whether it has affected their marital relationship. **METHODS:** 306 women with cancer of the cervix were treated with Radiotherapy and Chemotherapy during this period. 133 were married. 50 out of these between ages 30 and 60 were free from the disease and leading normal lives, were selected randomly and interviewed. A questionnaire was designed to carry out the study. **RESULTS:** 15% had sexual activity once a week, 5% twice a week, 36% once a while and 44% not interested at all after treatment. The spouses of all the women knew about their diagnosis. 20% felt unsecured due to lack of financial, emotional support and threat of divorce from their partners. 80% were afraid to have sex speculating re-currencies of the disease. **CONCLUSIONS:** Based on the preliminary results, cancer of the cervix affects the sexual activities and marital relationships of women. There is also the need for further.

INDIVIDUAL'S HEALTH – Cost Studies

PIH8

CONSENSUS OF CLINICAL PRACTICES AND ASSOCIATED COSTS TO DIAGNOSE AND TREAT GENITAL WARTS CAUSED BY HUMAN PAPILLOMA VIRUS (HPV) IN ECUADOR: RESULTS FROM A PANEL OF EXPERTS

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OBJECTIVES: Decision-makers used economic evaluations to allocate resources, prioritize programs or minimize costs. Panels of experts are one of the methods used by economic evaluators to gather the necessary information to construct models, such as the Delphi technique. Given the limitations of the surveillance of STDs in Ecuador, it is not surprising that no data is available of the disease burden to diagnose and treat diseases caused by HPV. **METHODS:** The main objective of the study is to reach a consensus of the local clinical practices in the diagnosis and treatment of genital warts caused by HPV and the market-based costs of medical specialists' time, resources, and medical supplies from a societal perspective. **RESULTS:** The diagnostic method of preference of medical specialists in Ecuador is the vulvar colposcopy followed by the biopsy with a histopathology study. Medical specialists prefer to use pharmacological treatments to resolve the presence of genital warts using Trichloroacetic acid (TCA). Surgical treatment was not favored by panelists. The cost per patient to diagnose and treat is between \$395 and \$484 USD per patient. The biggest variation is dependent on the price of medical consultations and the frequency of visits depending of the treatment path offered. **CONCLUSIONS:** The prevention of genital warts caused by HPV has the fundamental purpose to alleviate the morbidity of days lost from disability and the societal economic burden of its treatment. Preventive vaccination can prevent the morbidity burden of genital warts plus the potential of precancers and cancers.

PIH9

COSTO EN SALUD DE LA INTERVENCI"N EN LA ATENCI"N DEL PARTO NORMAL EN EL PERU 2009 Y 2014

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OBJETIVOS: Estimar el costo en salud en la intervención de la atención del parto normal en el Perú los años 2009 y 2014. **METODOLOGÍAS:** Se desarrolló bajo la metodología de uso de recursos médicos, en referencia al recurso humano, materiales médicos, medicamentos y equipamiento. Se tomó en consideración la asignación presupuestal de salud materno neonatal, usando el producto de atención parto normal, en el marco de Presupuesto por Resultados (PpR). Se contrastó el uso de recursos médicos y la proporción de partos ocurridos en establecimiento de salud y que fueron atendidos por profesional de la salud (Médico, Obstetra y/o Enfermera) tomados de la Encuesta de Demografía y salud Familiar (ENDES) 2009-2014. **RESULTADOS:** El uso de recursos médicos en la intervención de la atención del parto normal se incrementó en el periodo 2009-2014 de \$ 16,6 millones de dólares a \$ 54,9 millones de dólares. En este periodo de tiempo, la proporción de partos ocurridos en establecimiento de salud y que fueron atendidos por profesional de la salud (Médico, Obstetra y/o Enfermera) se incrementó en 7,8% (de 81.3% en el 2009 a 89.1% en el 2014). **CONCLUSIONES:** El incremento del presupuesto asignado para la intervención de la atención del parto normal en el Perú, entre los años 2009-2014, incrementó la atención del parto institucional en un 7,8%, sin embargo se requiere una adecuada calidad de gasto ya que el presupuesto se incrementó en más del 300%.

PIH10

EVALUACION DE COSTO-EFECTIVIDAD DE UN PROGRAMA DE CUIDADOS INTEGRALES POST-ALTA TIPO HOSPITAL DE DIA PARA ADULTOS MAYORES COMPARADO CON EL MANEJO ESTANDAR EN EL SISTEMA PUBLICO

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OBJECTIVES: Evaluar la costo-efectividad de un programa tipo Hospital de Día (HD) comparado con el manejo estándar de adultos mayores (AMs) en el Sistema Público de Salud Chileno (SSPCH). **METHODS:** estudio de costo-efectividad basado en modelamiento y datos secundarios. Población objetivo: AMs beneficiarios del SSPCH que producto de una hospitalización han perdido independencia o funcionalidad. Perspectiva: SSPCH. Comparadores: programa del HD del Hospital Padre Hurtado versus manejo habitual en SSPCH. Tiempo horizonte: 30 años. Ciclos: 6 meses. Tasa de descuento: indiferenciada, 3% en caso basal. Outcomes en salud: años de vida y QALYs. Valoración de preferencias: cálculo de utilidades (aplicación cuestionario EQ5D), transformación a tarifa chilena. Costos: pesos chilenos ajustada a Septiembre 2014 según IPC. Costeo: resumen financiero del HD y arancel FONASA MAI 2014.